

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION*	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLP/E CLASSIFIER			3-15-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

✓	Rejected	H	Non-decided
□	Allowed	I	Interference
-	(Through numbers) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Original	Filed	Date
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If more than 150 claims or 10 actions  
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**BEST AVAILABLE COPY**